

Case Number:	CM15-0213519		
Date Assigned:	11/03/2015	Date of Injury:	01/13/2015
Decision Date:	12/15/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	10/30/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 62 year old male, who sustained an industrial injury on 01-13-2015. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for left shoulder impingement syndrome, cervical spine degenerative disc disease, and cervical radicular syndrome. Treatment and diagnostics to date has included chiropractic treatment and medications. Recent medications have included Anaprox DS. Subjective data included "ongoing neck stiffness" and low back pain on 08-21-2015 and left sacroiliac pain with left lower extremity radicular symptoms on 09-28-2015. Objective findings (09-28-2015) included tenderness to left sacroiliac joint with positive sacroiliac stress test and muscle spasm. The request for authorization dated 10-22-2015 requested NCV-EMG (nerve conduction velocity-electromyography studies) of upper extremity (left and right), MRI of cervical spine, and MR Arthrogram of left shoulder. The Utilization Review with a decision date of 10-28-2015 modified the request for NCV-EMG of bilateral upper extremities to NCV-EMG of left upper extremity and denied the request for MRI of cervical spine and MR Arthrogram of left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Electromyograph (EMG) and nerve conduction velocity (NCV) of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: Diagnostic Criteria.

Decision rationale: EMG/NCS of bilateral upper extremities (lumbar Spine) is not medically necessary. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. There is lack of documentation on physical exam of nerve root impingement, damage or motor weakness; therefore the request is not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: Diagnostic Criteria.

Decision rationale: MRI of the cervical spine is not medically necessary. The ODG states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however further physiologic evidence of nerve dysfunction should be obtained before entering an imaging study. Indiscriminate imaging will result in falls positive findings, suggests disc bulge, but are not the source of painful symptoms did not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the indication of an imaging test to the find a potential cause (magnetic resonance imaging for neural or soft tissue, computed tomography for bony structures). The claimant had a physical exam that remain unchanged for numerous office visit and additionally there were not physical signs to warrant the request including, diminished reflexes motor and/or sensory impairment; therefore it is not medically necessary.

MR arthrogram of the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Upper Extremity Pain: Diagnostic Criteria.

Decision rationale: MR arthrogram of the left shoulder is not medically necessary. The ODG states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however further physiologic evidence of nerve dysfunction should be obtained before entering an imaging study. Indiscriminate imaging will result in false positive findings, suggests disc bulge, but are not the source of painful symptoms did not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the indication of an imaging test to find a potential cause (magnetic resonance imaging for neural or soft tissue, computed tomography for bony structures). The claimant had a physical exam that remain unchanged for numerous office visit and additionally there were not physical signs to warrant the request including, diminished reflexes motor and/or sensory impairment; therefore it is not medically necessary.